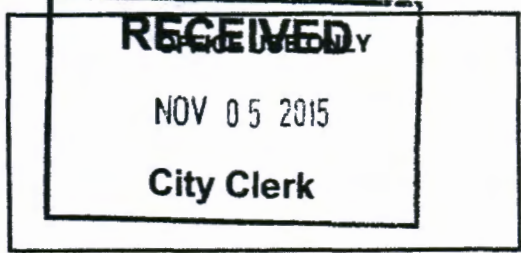


**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) William Charlie Latham  
 Name  
 (2) 2016 Gail Avenue  
 Address (number and street)  
Jacksonville Beach, FL 32250  
 City, State, Zip Code



Check here if address has changed

(3) ID Number: N/A

(4) Check appropriate box(es):

- Candidate Office Sought: City Council Seat # City of Jacksonville Beach, Mayor At Large, District # \_\_\_\_\_
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

**(5) Report Identifiers**

Cover Period: From 10 01 2015 To 10 31 2015 Report Type: M10

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ 0, 00, 00

Loans \$ 0, 00, 00

Total Monetary \$ 0, 00, 00

In-Kind \$ 0, 00, 00

**(7) Expenditures This Report**

Monetary Expenditures \$ 0, 00, 00

Transfers to Office Account \$ 0, 00, 00

Total Monetary \$ 0, 00, 00

**(8) Other Distributions**  
 \$ 0, 00, 00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 750.00, 00, 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 79.20, 00, 00


**(11) Certification**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:


(Type name) Michael T. Bruce

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X   
 Signature

(Type name) William Charlie Latham

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name William Charlie Lathan (2) I.D. Number N/A

(3) Cover Period 10 / 01 / 2015 through 10 / 31 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
/ /							0.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE

RECEIVED

NOV 03 2015

City Clerk

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name William Charlie Latham

(2) I.D. Number N/A

(3) Cover Period 10 / 01 / 2015 through 10 / 31 / 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					0.00
/ /					
/ /					
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**RECEIVED**  
NOV 05 2015  
City Clerk